

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90328 003 ***150.00


DOCUMENT # P04000072610
 1. Entity Name
 N O B HILL CENTER COMMERCE, INC.



Principal Place of Business Mailing Address
 731 SHOTGUN ROAD 731 SHOTGUN ROAD
 SUNRISE, FL 33326 SUNRISE, FL 33326

2. Principal Place of Business 3. Mailing Address
 783 SHOTGUN ROAD 783 SHOTGUN ROAD
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 SUNRISE, FL SUNRISE, FL
 Zip Country Zip Country
 33326 USA 33326 USA



01172006 Chg-P CR2E034 (11/05)
 4. FEI Number Applied For
 20-1090138 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 DIAZ, OSVALDO J
 7951 SW 40TH STREET
 SUITE 206
 MIAMI, FL 33155

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SOTO, JAIME REY 731 SHOTGUN ROAD SUNRISE, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD REY SOTO, JAIME 783 SHOTGUN ROAD SUNRISE, FL 33326 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD REY, MARIA EUGENIA 731 SHOTGUN ROAD SUNRISE, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD DE REY, MARIA EUGENIA 783 SHOTGUN ROAD SUNRISE, FL 33326 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jaime Rey Soto 2-22-06 954-385-0244
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #